

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042116

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

XC 2412372

SL-6800

Primary Registration District No.

1003

Registrar's No.

10624

STATE FILE NUMBER

FILED OCT 31 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St Louis, Missouri

Length of stay in 1b

59 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY

c. CITY OR TOWN

Nashville

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

Vets Admin Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

None

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First William

Middle T

Last Teel

4. DATE OF DEATH

Month 10/24/63 Day Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/14/71

9. AGE (last birthday)

92

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Ashley, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Dan Teel

13b. MOTHER'S MAIDEN NAME

Tenecoe Farmer

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

SPAW

16. SOCIAL SECURITY NO.

17. INFORMANT

Helen Krause daughter (East St Louis, Ill.)

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction, Acute

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Arteriosclerotic Cardiovascular Disease

DUE TO (c)

4201 F

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture Right Hip with Prosthesis. Acute Pyelonephritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell at home

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Nashville

COUNTY

STATE

10/24/63

See

21. IVA attended the deceased from

8/26/63

to

10/24/63

and last saw him alive on

10/24/63

Death occurred at 5:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

MARK EISEN MD

(Degree or title)

22b. ADDRESS

VAH, St Louis, Mo.

22c. DATE SIGNED

10/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-27-63

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

Nashville, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

J.D. Mann Funeral Home, Nashville, Ill.

25. DATE REC'D. BY LOCAL REG.

OCT 25 1963

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

INSTEAD OF

DATE AMENDED

VS 300
Rev. 4/59

1

2 812-01

3

4 0

5 2

6

7 1

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10

11 812

12 83-0

13

83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 4108

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.